



CERTIFICATE OF APPOINTMENT TO CITY BOARD OF HEALTH

State Form 48136 (R6 / 8-10)
INDIANA STATE DEPARTMENT OF HEALTH

INSTRUCTIONS: Return to: Local Health Department Outreach Division
Public Health and Preparedness Commission
Indiana State Department of Health
2 North Meridian Street, Section 2N
Indianapolis, Indiana 46204

THIS IS TO CERTIFY THAT the Mayor of _____, Indiana, has this
(city name)

the _____ day of _____, _____, appointed _____ to serve as a member of
(day) (month) (year) (name)

the _____ Board of Health beginning _____, _____ and ending _____,
(city) (month/day) (year) (month/day) (year)

☐ This is a reappointment ☐ This is a new appointee – Replacing _____
(former board member name)

☐ This appointee is filling the unexpired term for _____
(name)

beginning _____, _____ and ending _____,
(month/day) (year) (month/day) (year)

BACKGROUND INFORMATION ON THE APPOINTEE

Home Address: _____

Business Address: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Fax: (_____) _____ E-mail: _____

Qualifications, in accordance with IC 16-20-4-6 and IC 16-20-4-8, the board must have three licensed physicians, one licensed veterinarian and three members must represent one of the following areas. **Check only one:**

- | | |
|--|--|
| <input type="checkbox"/> Licensed Physician (licensed under 25-22.5-1-1.1) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Registered Nurse (licensed under IC 25-23) | <input type="checkbox"/> Dentist (licensed under IC 25-14) |
| <input type="checkbox"/> Attorney with expertise in health matters | <input type="checkbox"/> Environmental Scientist |
| <input type="checkbox"/> Registered Pharmacist (licensed under IC 25-26) | <input type="checkbox"/> Hospital Administrator |
| <input type="checkbox"/> Veterinarian (licensed under IC 15-5-1.1) | <input type="checkbox"/> School Superintendent |
| <input type="checkbox"/> Professional Engineer (registered under IC 25-31) | |

Political Affiliation IC 16-20-4-6 requires that no more than four of the seven board members be from the same political party. **Check only one:**

☐ Democrat ☐ Republican ☐ Other _____

(Appointing Authority)

(Date)